

P04000152823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/15/05--01017--020 **30.00

10/07/05--01002--006 **5.00

FILED
05 OCT - 6 AM 8:12
CLERK OF STATE
TALLAHASSEE, FLORIDA

Dissolution w/notice

T BROWN OCT - 7 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution

DOCUMENT NUMBER: 905A 00058117 ^{REF #} P 4000 152823

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William A. ROBLES

(Name of Contact Person)

All Inclusive Construction Corp

(Firm/Company)

18 Shore Dr

(Address)

OAKDALE NY 11769

(City/State and Zip Code)

For further information concerning this matter, please call:

William A. ROBLES

(Name of Contact Person)

at (671) 664-1992

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Florida Department of State
Division of Corporation
Attention: Teresa Brown
Document Specialist
P.O Box 6327
Tallahassee, Florida 32314

Re: All Inclusive Construction Corp.
Ref. # PO 4000152823

Dear Ms. Brown:

Enclosed please find my additional money order for \$5.00 (five dollars), along with cover letter and attached forms. Please note I already sent you a check for \$30.00 (thirty dollars) in reference to the above.

If additional information is needed please contact me as soon as possible.

Thank you for your time.

Very truly yours,



William A. Robles
18 Shore Drive
Oakdale, New York 11769
(631) 664 1992

RECEIVED
05 OCT -6 AM 8:00
DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 22, 2005

WILLIAM A. ROBLES
ALL INCLUSIVE CONSTRUCTION CORP
18 SHORE DRIVE
OAKDALE, NY 11769

SUBJECT: ALL INCLUSIVE CONSTRUCTION CORP.
Ref. Number: P04000152823

We have received your document for ALL INCLUSIVE CONSTRUCTION CORP. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$5.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown
Document Specialist

Letter Number: 905A00058117

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

ALL Inclusive Construction Corp.

SECOND: The document number of the corporation (if known):

THIRD: The date dissolution was authorized: 10/1/05

Effective date of dissolution if applicable:

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

William A. ROBLES

(Typed or printed name of person signing)

Vice Pres.

(Title of person signing)

Filing Fee: \$35

FILED
05 OCT - 6
AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: All Inclusive Construction Corp.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Open cost of insurance was much to high to make this
Business a profitable one in the state of Florida. We have
both agreed to dissolve our business venture and have
divided everything equally

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

18 Stone Dr
OAKdale NY 11789

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

William A. Robles

Printed Name of the Person Filing

W A Robles

Signature of the Person Filing